



F38 Rate quality of life

Overall, how you would rate your quality of life? (Mark one oval in the box below.)

Variable # 5 **Usage Notes:** none
Sas Name: LIFEQUAL **Categories:** Psychosocial/Behavioral
Sas Label: Rate quality of life
Type: Categorical

Values

0	Worst
1	1
2	2
3	3
4	4
5	Halfway
6	6
7	7
8	8
9	9
10	Best

F38 How satisfied with quality of life

How satisfied are you with your current quality of life? (Mark one oval in the box below.)

Variable # 6 **Usage Notes:** none
Sas Name: SATLIFE **Categories:** Psychosocial/Behavioral
Sas Label: How satisfied with quality of life
Type: Categorical

Values

0	Dissatisfied
1	1
2	2
3	3
4	4
5	Halfway
6	6
7	7
8	8
9	9
10	Satisfied

**Form 38 - Daily Life****Data File:** f38_ep_fu_pub **File Date:** 05/04/2005 **Structure:** Multiple rows per participant **Population:** E+P participants

F38 In general, health is

In general, would you say your health is (Mark one oval.)

Variable # 7**Usage Notes:** none**Sas Name:** GENHEL**Categories:** Psychosocial/Behavioral**Sas Label:** In general, health is**Type:** Categorical**Values**

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor

F38 Compare health to 1 year ago

Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

Variable # 8**Usage Notes:** none**Sas Name:** HLTHC1Y**Categories:** Psychosocial/Behavioral**Sas Label:** Compare health to 1 year ago**Type:** Categorical**Values**

1	Much better now than 1 year ago
2	Somewhat better now than 1 year ago
3	About the same time
4	Somewhat worse now than 1 year ago
5	Much worse than 1 year ago

F38 Limited vigorous activities

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Vigorous activities, such as running, lifting heavy objects, or strenuous sports

Variable # 9**Usage Notes:** none**Sas Name:** VIGACT**Categories:** Physical Activity**Sas Label:** Vigorous activities**Type:** Categorical**Values**

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all



F38 Limited moderate activities

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Moderate activities, such as moving a table, vacuuming, bowling, or golfing

Variable # 10 **Usage Notes:** none
Sas Name: MODACT **Categories:** Physical Activity
Sas Label: Moderate activities
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F38 Limited lifting or carrying groceries

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Lifting or carrying groceries

Variable # 11 **Usage Notes:** none
Sas Name: LIFTGROC **Categories:** Physical Activity
Sas Label: Lifting or carrying groceries
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F38 Limited climbing several flights of stairs

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing several flights of stairs

Variable # 12 **Usage Notes:** none
Sas Name: STAIRS **Categories:** Physical Activity
Sas Label: Climbing several flights of stairs
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all



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F38 Limited climbing one flight of stairs

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing one flight of stairs

Variable # 13 Usage Notes: none
Sas Name: STAIR Categories: Physical Activity
Sas Label: Climbing one flight of stairs
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Yes, limited a lot; 2 Yes, limited a little; 3 No, not limited at all

F38 Limited bending, kneeling, stooping

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bending, kneeling, stooping

Variable # 14 Usage Notes: none
Sas Name: BENDING Categories: Physical Activity
Sas Label: Bending, kneeling, stooping
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Yes, limited a lot; 2 Yes, limited a little; 3 No, not limited at all

F38 Limited walking more than one mile

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking more than a mile

Variable # 15 Usage Notes: none
Sas Name: WALK1M Categories: Physical Activity
Sas Label: Walking more than one mile
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Yes, limited a lot; 2 Yes, limited a little; 3 No, not limited at all



F38 Limited walking several blocks

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking several blocks

Variable # 16 **Usage Notes:** none
Sas Name: WALKBLKS **Categories:** Physical Activity
Sas Label: Walking several blocks
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F38 Limited walking one block

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking one block

Variable # 17 **Usage Notes:** none
Sas Name: WALK1BLK **Categories:** Physical Activity
Sas Label: Walking one block
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F38 Limited bathing or dressing yourself

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bathing or dressing yourself

Variable # 18 **Usage Notes:** none
Sas Name: BATHING **Categories:** Physical Activity
Sas Label: Bathing or dressing yourself
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all



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F38 Physical/Cut down on time spent

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You cut down on the amount of time you spent on work or other activities

Variable # 22 Usage Notes: none
Sas Name: LESSWRKP Categories: Lifestyle Medical History
Sas Label: Physical/Cut down on time spent
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Physical/Accomplished less

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You accomplished less than you would have liked

Variable # 23 Usage Notes: none
Sas Name: LESSACCP Categories: Lifestyle Medical History
Sas Label: Physical/Accomplished less
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Physical/Limited kind of work

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You were limited in the kind of work or other activities you did

Variable # 24 Usage Notes: none
Sas Name: LESSKNDP Categories: Lifestyle Medical History
Sas Label: Physical/Limited kind of work
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Physical/Difficulty performing work

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You had difficulty performing work or other activities (it took extra effort)

Variable # 25 Usage Notes: none
Sas Name: WRKDIFFP Categories: Lifestyle Medical History
Sas Label: Physical/Difficulty performing work
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes



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F38 Emotional/Cut down on time spent

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You cut down on the amount of time spent on work or other activities

Variable # 26 Usage Notes: none
Sas Name: LESSWRKE
Sas Label: Emotional/Cut down on time spent Categories: Physical Activity Psychosocial/Behavioral
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Emotional/Accomplished less

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You accomplished less than you would have liked

Variable # 27 Usage Notes: none
Sas Name: LESSACCE
Sas Label: Emotional/Accomplished less Categories: Physical Activity Psychosocial/Behavioral
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Emotional/Worked less carefully

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You did work or other things less carefully than usual

Variable # 28 Usage Notes: none
Sas Name: LESSCARE
Sas Label: Emotional/Worked less carefully Categories: Physical Activity Psychosocial/Behavioral
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 I get sick easier than others

Of these statements, how true or false is each for you? I seem to get sick a little easier than other people.

Variable # 29 Usage Notes: none
Sas Name: SICKEASY
Sas Label: I get sick easier than others Categories: Medical History Psychosocial/Behavioral
Type: Categorical

Values

Table with 5 rows: 1 Definitely true, 2 Mostly true, 3 Not sure, 4 Mostly false, 5 Definitely false



F38 I am as healthy as anybody

Of these statements, how true or false is each for you? I am as healthy as anybody I know.

Variable # 30 Usage Notes: none
Sas Name: HLTHYANY Categories: Medical History
Sas Label: I am as healthy as anybody Psychosocial/Behavioral
Type: Categorical

Values

1	Definitely true
2	Mostly true
3	Not sure
4	Mostly false
5	Definitely false

F38 I expect my health to get worse

Of these statements, how true or false is each for you? I expect my health to get worse.

Variable # 31 Usage Notes: none
Sas Name: HLTHWORS Categories: Medical History
Sas Label: I expect my health to get worse Psychosocial/Behavioral
Type: Categorical

Values

1	Definitely true
2	Mostly true
3	Not sure
4	Mostly false
5	Definitely false

F38 My health is excellent

Of these statements, how true or false is each for you? My health is excellent.

Variable # 32 Usage Notes: none
Sas Name: HLTHEXCL Categories: Medical History
Sas Label: My health is excellent Psychosocial/Behavioral
Type: Categorical

Values

1	Definitely true
2	Mostly true
3	Not sure
4	Mostly false
5	Definitely false



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F38 Felt so down in the dumps nothing could cheer

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt so down in the dumps that nothing could cheer you up?

Variable # 36 Usage Notes: none
Sas Name: DWNDUMPS Categories: Psychosocial/Behavioral
Sas Label: Felt down in the dumps
Type: Categorical

Values

Table with 2 columns: Value (1-6) and Description (All of the time to None of the time)

F38 Felt calm and peaceful

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt calm and peaceful?

Variable # 37 Usage Notes: none
Sas Name: CALM Categories: Psychosocial/Behavioral
Sas Label: Felt calm and peaceful
Type: Categorical

Values

Table with 2 columns: Value (1-6) and Description (All of the time to None of the time)

F38 Did you have a lot of energy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you have a lot of energy?

Variable # 38 Usage Notes: none
Sas Name: ENERGY Categories: Psychosocial/Behavioral
Sas Label: Did you have a lot of energy
Type: Categorical

Values

Table with 2 columns: Value (1-6) and Description (All of the time to None of the time)



F38 Felt downhearted and blue

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt downhearted and blue?

Variable # 39 **Usage Notes:** none
Sas Name: FELTBUE **Categories:** Psychosocial/Behavioral
Sas Label: Felt downhearted and blue
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F38 Did you feel worn out

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel worn out?

Variable # 40 **Usage Notes:** none
Sas Name: WORNOUT **Categories:** Psychosocial/Behavioral
Sas Label: Did you feel worn out
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F38 Have you been happy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you been happy?

Variable # 41 **Usage Notes:** none
Sas Name: HAPPY **Categories:** Psychosocial/Behavioral
Sas Label: Have you been happy
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time



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F38 Did you feel tired

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel tired?

Variable # 42 Usage Notes: none
Sas Name: TIRED Categories: Psychosocial/Behavioral
Sas Label: Did you feel tired
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 All of the time, 2 Most of the time, 3 A good bit of the time, 4 Some of the time, 5 A little bit of the time, 6 None of the time

F38 Can you eat

Can you eat:

Variable # 43 Usage Notes: Not collected on all versions of Form 38.
Sas Name: EAT Categories: Physical Activity
Sas Label: Can you eat
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Without help (can feed self completely), 2 With some help (help cutting, etc.), 3 Completely unable to feed self

F38 Can you dress and undress yourself

Can you dress and undress yourself:

Variable # 44 Usage Notes: Not collected on all versions of Form 38.
Sas Name: DRESS Categories: Physical Activity
Sas Label: Can you dress and undress self
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Without help (can pick clothes, dress), 2 With some help, 3 Unable to dress and undress self



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F38 Can you get in and out of bed

Can you get in and out of bed:

Variable # 45

Usage Notes: Not collected on all versions of Form 38.

Sas Name: INOUTBED

Categories: Physical Activity

Sas Label: Can you get in and out of bed

Type: Categorical

Values

1	Without any help or aids
2	With some help (from a person or device)
3	Totally dependent on someone else

F38 Can you take a bath or shower

Can you take a bath or shower:

Variable # 46

Usage Notes: Not collected on all versions of Form 38.

Sas Name: SHOWER

Categories: Physical Activity

Sas Label: Can you take a bath or shower

Type: Categorical

Values

1	Without help
2	With some help (help in/out, tub attach)
3	Completely unable to bathe self

F38 Bloating or gas

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Bloating or gas

Variable # 47

Usage Notes: Not collected on all versions of Form 38.

Sas Name: BLOATING

Categories: Medical History: Other Disease/Condition

Sas Label: Bloating or gas

Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe



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F38 Constipation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Constipation (difficulty having bowel movements)

Variable # 48 Usage Notes: none
Sas Name: CONSTIP Categories: Medical History: Other Disease/Condition
Sas Label: Constipation
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F38 Night sweats

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Night sweats

Variable # 49 Usage Notes: none
Sas Name: NIGHTSWT Categories: Medical History: Other Disease/Condition
Sas Label: Night sweats
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F38 General aches or pains

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. General aches or pains

Variable # 50 Usage Notes: none
Sas Name: ACHES Categories: Medical History: Other Disease/Condition
Sas Label: General aches or pains
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)



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F38 Breast tenderness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Breast tenderness

Variable # 51 Usage Notes: none
Sas Name: BRSTTEN Categories: Medical History: Other Disease/Condition
Sas Label: Breast tenderness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Hot flashes

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hot flashes

Variable # 52 Usage Notes: none
Sas Name: HOTFLASH Categories: Medical History: Other Disease/Condition
Sas Label: Hot flashes
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Diarrhea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Diarrhea

Variable # 53 Usage Notes: none
Sas Name: DIARRHEA Categories: Medical History: Other Disease/Condition
Sas Label: Diarrhea
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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F38 Mood swings

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Mood swings

Variable # 54 Usage Notes: none
Sas Name: MOODSWNG Categories: Medical History: Other Disease/Condition
Sas Label: Mood swings
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F38 Nausea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Nausea

Variable # 55 Usage Notes: none
Sas Name: NAUSEA Categories: Medical History: Other Disease/Condition
Sas Label: Nausea
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F38 Dizziness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Dizziness

Variable # 56 Usage Notes: none
Sas Name: DIZZY Categories: Medical History: Other Disease/Condition
Sas Label: Dizziness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)



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F38 Feeling tired

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Feeling tired

Variable # 57 Usage Notes: none
Sas Name: TIRED2 Categories: Medical History: Other Disease/Condition
Sas Label: Feeling tired
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, Symptom was mild, Symptom was moderate, Symptom was severe)

F38 Forgetfulness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Forgetfulness

Variable # 58 Usage Notes: none
Sas Name: FORGET Categories: Medical History: Other Disease/Condition
Sas Label: Forgetfulness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, Symptom was mild, Symptom was moderate, Symptom was severe)

F38 Increased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Increased appetite

Variable # 59 Usage Notes: none
Sas Name: HUNGRY Categories: Medical History: Other Disease/Condition
Sas Label: Increase appetite
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, Symptom was mild, Symptom was moderate, Symptom was severe)



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F38 Heart racing or skipping beats

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Heart racing or skipping beats

Variable # 60 Usage Notes: none
Sas Name: HEARTRAC Categories: Medical History: Other Disease/Condition
Sas Label: Heart racing or skipping beats
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Tremors

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Tremors (shakes)

Variable # 61 Usage Notes: none
Sas Name: TREMORS Categories: Medical History: Other Disease/Condition
Sas Label: Tremors
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Heartburn

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Heartburn

Variable # 62 Usage Notes: none
Sas Name: HEARTBRN Categories: Medical History: Other Disease/Condition
Sas Label: Heartburn
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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F38 Restless and fidgety

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Restless or fidgety

Variable # 63 Usage Notes: none
Sas Name: RESTLESS Categories: Medical History: Other Disease/Condition
Sas Label: Restless and fidgety
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, Symptom was mild, Symptom was moderate, Symptom was severe)

F38 Low back pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Low back pain

Variable # 64 Usage Notes: none
Sas Name: LOWBACKP Categories: Medical History: Other Disease/Condition
Sas Label: Low back pain
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, Symptom was mild, Symptom was moderate, Symptom was severe)

F38 Neck pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Neck pain

Variable # 65 Usage Notes: none
Sas Name: NECKPAIN Categories: Medical History: Other Disease/Condition
Sas Label: Neck pain
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, Symptom was mild, Symptom was moderate, Symptom was severe)



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F38 Skin dryness or scaling

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Skin dryness or scaling

Variable # 66 Usage Notes: none
Sas Name: SKINDRY Categories: Medical History: Other Disease/Condition
Sas Label: Skin dryness or scaling
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Headaches or migraines

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Headaches or migraines

Variable # 67 Usage Notes: none
Sas Name: HEADACHE Categories: Medical History: Other Disease/Condition
Sas Label: Headaches or migraines
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Clumsiness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Clumsiness

Variable # 68 Usage Notes: none
Sas Name: CLUMSY Categories: Medical History: Other Disease/Condition
Sas Label: Clumsiness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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Data File: f38_ep_fu_pub File Date: 05/04/2005 Structure: Multiple rows per participant Population: E+P participants

F38 Trouble with vision

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Any trouble seeing that is uncorrected by lenses

Variable # 69 Usage Notes: none
Sas Name: TRBSEE Categories: Medical History: Other Disease/Condition
Sas Label: Trouble with vision
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Vaginal or genital irritation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital irritation or itching

Variable # 70 Usage Notes: none
Sas Name: VAGITCH Categories: Medical History: Other Disease/Condition
Sas Label: Vaginal or genital irritation
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Difficulty concentrating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Difficulty concentrating

Variable # 71 Usage Notes: none
Sas Name: CONCEN Categories: Medical History: Other Disease/Condition
Sas Label: Difficulty concentrating
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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Data File: f38_ep_fu_pub File Date: 05/04/2005 Structure: Multiple rows per participant Population: E+P participants

F38 Joint pain or stiffness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you... Be sure to mark one box on each line. Joint pain or stiffness

Variable # 72 Usage Notes: none
Sas Name: JNTPAIN Categories: Medical History: Other Disease/Condition
Sas Label: Joint pain or stiffness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F38 Decreased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Decreased appetite

Variable # 73 Usage Notes: none
Sas Name: NOHUNGER Categories: Medical History: Other Disease/Condition
Sas Label: Decreased appetite
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F38 Hearing loss

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hearing loss

Variable # 74 Usage Notes: none
Sas Name: HEARLOSS Categories: Medical History: Other Disease/Condition
Sas Label: Hearing loss
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)



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F38 Swelling of hands or feet

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Swelling of hands or feet

Variable # 75 Usage Notes: none
Sas Name: SWELLHND Categories: Medical History: Other Disease/Condition
Sas Label: Swelling of hands or feet
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Vaginal or genital dryness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital dryness

Variable # 76 Usage Notes: none
Sas Name: VAGDRY Categories: Medical History: Other Disease/Condition
Sas Label: Vaginal or genital dryness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Upset stomach or belly pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Upset stomach or belly pain or discomfort

Variable # 77 Usage Notes: none
Sas Name: UPSTOM Categories: Medical History: Other Disease/Condition
Sas Label: Upset stomach or belly pain
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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F38 Pain or burning while urinating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Pain or burning while urinating

Variable # 78 Usage Notes: none
Sas Name: URINPAIN Categories: Medical History: Other Disease/Condition
Sas Label: Pain or burning while urinating
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Coughing or wheezing

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Cough or wheezing

Variable # 79 Usage Notes: none
Sas Name: COUGH Categories: Medical History: Other Disease/Condition
Sas Label: Coughing or wheezing
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F38 Vaginal or genital discharge

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital discharge

Variable # 80 Usage Notes: none
Sas Name: VAGDIS Categories: Medical History: Other Disease/Condition
Sas Label: Vaginal or genital discharge
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



F38 Did your spouse or partner die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner die?

Variable # 81 **Usage Notes:** Not collected on all versions of Form 38.

Sas Name: SPOUSDIE

Sas Label: Did your spouse or partner die **Categories:** Psychosocial/Behavioral

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Did your spouse/partner have a serious illness

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner have a serious illness?

Variable # 82 **Usage Notes:** Not collected on all versions of Form 38.

Sas Name: SPOUSILL

Sas Label: Did your spouse have a serious illness **Categories:** Psychosocial/Behavioral

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Did a close friend die or have serious illness

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Over the past year: Did a close friend or family member die or have a serious illness (other than your spouse or partner)?

Variable # 83 **Usage Notes:** Not collected on all versions of Form 38.

Sas Name: FRIENDIE

Sas Label: Did a close friend die **Categories:** Psychosocial/Behavioral

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much



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F38 Have major problems with money

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have any major problems with money?

Variable # 84 Usage Notes: Not collected on all versions of Form 38.
Sas Name: MONPROB Categories: Psychosocial/Behavioral
Sas Label: Have major problems with money
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F38 Have a divorce or break-up

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a divorce or break-up with a spouse or partner?

Variable # 85 Usage Notes: Not collected on all versions of Form 38.
Sas Name: DIVORCE Categories: Psychosocial/Behavioral
Sas Label: Have a divorce or break-up
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F38 Close friend/family have a divorce

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend have a divorce or break-up?

Variable # 86 Usage Notes: Not collected on all versions of Form 38.
Sas Name: FRNDIV Categories: Psychosocial/Behavioral
Sas Label: Close friend/family have a divorce
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much



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F38 Have major conflict with children

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a major conflict with children or grandchildren?

Variable # 87 Usage Notes: Not collected on all versions of Form 38.
Sas Name: CHILCON Categories: Psychosocial/Behavioral
Sas Label: Have major conflict with children
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F38 Have a major accident or disaster

Below are some hard things that sometimes happen to people. Pls try to think back over the past yr to remember if any of these things happened. Over the past year: Did you have any major accidents,disasters, muggings, unwanted sexual experiences, robberies or similar events?

Variable # 88 Usage Notes: Not collected on all versions of Form 38.
Sas Name: MAJACC Categories: Psychosocial/Behavioral
Sas Label: Have a major accident or disaster
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F38 Did you, family, or friend lose job or retire

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend lose their job or retire?

Variable # 89 Usage Notes: Not collected on all versions of Form 38.
Sas Name: FRNJOB Categories: Psychosocial/Behavioral
Sas Label: You, family, friend lose job or retire
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much



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F38 Were you physically abused

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?

Variable # 90

Usage Notes: Not collected on all versions of Form 38.

Sas Name: PHYAB

Categories: Psychosocial/Behavioral

Sas Label: Were you physically abused

Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (No, Yes and upset me: Not too much, etc.)

F38 Were you verbally abused

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: . Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?

Variable # 91

Usage Notes: Not collected on all versions of Form 38.

Sas Name: VERBAB

Categories: Psychosocial/Behavioral

Sas Label: Were you verbally abused

Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (No, Yes and upset me: Not too much, etc.)

F38 Did a pet die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a pet die?

Variable # 92

Usage Notes: Not collected on all versions of Form 38.

Sas Name: PETDIE

Categories: Psychosocial/Behavioral

Sas Label: Did a pet die

Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (No, Yes and upset me: Not too much, etc.)



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F38 You felt depressed

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt depressed (blue or down)

Variable # 93

Usage Notes: Not collected on all versions of Form 38.

Sas Name: FELTDEP

Categories: Psychosocial/Behavioral

Sas Label: You felt depressed

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F38 Your sleep was restless

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. Your sleep was restless

Variable # 94

Usage Notes: Not collected on all versions of Form 38.

Sas Name: RESTSLP

Categories: Lifestyle: Sleep
Psychosocial/Behavioral

Sas Label: Your sleep was restless

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F38 You enjoyed life

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You enjoyed life

Variable # 95

Usage Notes: Not collected on all versions of Form 38.

Sas Name: ENJLIF

Categories: Psychosocial/Behavioral

Sas Label: You enjoyed life

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time



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F38 You had crying spells

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You had crying spells

Variable # 96

Usage Notes: Not collected on all versions of Form 38.

Sas Name: CRYSPELL

Categories: Psychosocial/Behavioral

Sas Label: You had crying spells

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F38 You felt sad

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt sad

Variable # 97

Usage Notes: Not collected on all versions of Form 38.

Sas Name: FELTSAD

Categories: Psychosocial/Behavioral

Sas Label: You felt sad

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F38 You felt people disliked you

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt that people disliked you

Variable # 98

Usage Notes: Not collected on all versions of Form 38.

Sas Name: PEOPDIS

Categories: Psychosocial/Behavioral

Sas Label: You felt people disliked you

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time



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F38 Felt sad for two weeks or more

In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

Variable # 99 Usage Notes: Not collected on all versions of Form 38.

Sas Name: SAD2WK

Sas Label: Felt sad for two weeks or more Categories: Psychosocial/Behavioral

Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Felt sad for two or more years

Have you had two years or more in your life when you felt depressed or sad on most days, even if you felt okay sometimes?

Variable # 100 Usage Notes: Not collected on all versions of Form 38.

Sas Name: SAD2YRS

Sas Label: Felt sad for two or more years Categories: Psychosocial/Behavioral

Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Felt sad much of past year

Have you felt depressed or sad much of the time in the past year?

Variable # 101 Usage Notes: Sub-question of F38 V6 Q57 "Felt sad two or more years". Not collected on all versions of Form 38.

Sas Name: SADMUCH

Sas Label: Felt sad much of past year Categories: Psychosocial/Behavioral

Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F38 Did you take medication for sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you take any kind of medication or alcohol at bedtime to help you sleep?

Variable # 102 Usage Notes: none

Sas Name: MEDSLEEP

Sas Label: Did you take medication for sleep Categories: Lifestyle: Sleep

Type: Categorical

Values

Table with 5 rows: 1 No, not in past 4 weeks; 2 Yes, less than once a week; 3 Yes 1 or 2 times a week; 4 Yes, 3 or 4 times a week; 5 Yes, 5 or more times a week



F38 Did you fall asleep during quiet activity

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?

Variable # 103 **Usage Notes:** none
Sas Name: FALLSLP **Categories:** Lifestyle: Sleep
Sas Label: Fall asleep during quiet activity
Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F38 Did you nap during the day

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you nap during the day?

Variable # 104 **Usage Notes:** none
Sas Name: NAP **Categories:** Lifestyle: Sleep
Sas Label: Did you nap during the day
Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F38 Did you have trouble falling asleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble falling asleep?

Variable # 105 **Usage Notes:** none
Sas Name: TRBSLEEP **Categories:** Lifestyle: Sleep
Sas Label: Did you have trouble failling asleep
Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week



F38 Did you wake up several times

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up several times at night?

Variable # 106 **Usage Notes:** none
Sas Name: WAKENIGHT **Categories:** Lifestyle: Sleep
Sas Label: Did you wake up several times
Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F38 Did you wake up earlier than planned

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up earlier than you planned?

Variable # 107 **Usage Notes:** none
Sas Name: UPEARLY **Categories:** Lifestyle: Sleep
Sas Label: Did you wake up earlier than planned
Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F38 Did you have trouble getting back to sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble getting back to sleep after you woke up too early?

Variable # 108 **Usage Notes:** none
Sas Name: BACKSLP **Categories:** Lifestyle: Sleep
Sas Label: Have trouble getting back to sleep
Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week



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F38 Did you snore

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you snore?

Variable # 109 Usage Notes: none
Sas Name: SNORE Categories: Lifestyle: Sleep
Sas Label: Did you snore
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 No, not in past 4 weeks; 2 Yes, less than once a week; 3 Yes 1 or 2 times a week; 4 Yes, 3 or 4 times a week; 5 Yes, 5 or more times a week; 9 Don't know

F38 Typical night's sleep

Overall, was your typical night's sleep during the past 4 weeks:

Variable # 110 Usage Notes: none
Sas Name: QUALSLP Categories: Lifestyle: Sleep
Sas Label: Typical night's sleep
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Very restless; 2 Restless; 3 Average quality; 4 Sound or restful; 5 Very sound or restful

F38 How many hours of sleep

About how many hours of sleep did you get on a typical night during the past 4 weeks?

Variable # 111 Usage Notes: none
Sas Name: HRSSLP Categories: Lifestyle: Sleep
Sas Label: How many hours of sleep
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 5 or less hours; 2 6 hours; 3 7 hours; 4 8 hours; 5 9 hours; 6 10 or more hours



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F38 Ever leaked urine

Have you ever leaked even a very small amount of urine involuntarily and you couldn't control it?

Variable # 112 Usage Notes: none
Sas Name: INCONT Categories: Medical History: Incontinence
Sas Label: Ever leaked urine
Type: Categorical

Table with 2 columns: Value, Label. Row 0: No, Row 1: Yes

F38 How often leaked urine

How often does this leaking urine occur? (Mark one oval.)

Variable # 113 Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sas Name: FRQINCON Categories: Medical History: Incontinence
Sas Label: How often leaked urine
Type: Categorical

Table with 2 columns: Value, Label. Row 1: Not once during past year, Row 2: Less than once a month, Row 3: More than once a month, Row 4: One or more times a week, Row 5: Daily

F38 No longer leak urine

When do you usually leak urine? (Mark all that apply.) No longer leak urine

Variable # 114 Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Not collected on all versions of Form 38.
Sas Name: NOINCON Categories: Medical History: Incontinence
Sas Label: No longer leak urine
Type: Categorical

Table with 2 columns: Value, Label. Row 0: No, Row 1: Yes

F38 Leak urine when cough, laugh

When do you usually leak urine? (Mark all that apply.) When I cough, laugh, sneeze, lift, stand up. Or exercise

Variable # 115 Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied). Not collected on all versions of Form 38.
Sas Name: CGHINCON Categories: Medical History: Incontinence
Sas Label: Leak urine when cough, laugh
Type: Categorical

Table with 2 columns: Value, Label. Row 0: No, Row 1: Yes



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F38 Leak urine when can't get to toilet

When do you usually leak urine? (Mark all that apply.) When I feel the need to urinate and can't get to a toilet fast enough

Variable # 116

Sas Name: TOINCON

Sas Label: Leak urine when can't get to toilet

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 Leak urine when I am sleeping

When do you usually leak urine? (Mark all that apply.) When I sleep

Variable # 117

Sas Name: SLPINCON

Sas Label: Leak urine when I am sleeping

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 When leak urine, Other

When do you usually leak urine? (Mark all that apply.) Other

Variable # 118

Sas Name: OTHINCON

Sas Label: When leak urine, Other

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 How much urine do you lose

How much urine do you usually lose when it leaks? (Mark one oval.)

Variable # 119

Sas Name: LEAKAMT

Sas Label: How much urine do you lose

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

1	None
2	Barely noticeable on underpants
3	Soaked underpants
4	Soaked through to outer clothing



Form 38 - Daily Life

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F38 Leak Protect/No protection

What protection do you wear in case you leak urine? (Mark all that apply.) None

Variable # 120

Sas Name: NOPRTCT

Sas Label: Leak Protect/No protection

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 Leak Protect/Mini-pad, tissue

What protection do you wear in case you leak urine? (Mark all that apply.) Mini-pad, tissue or towel

Variable # 121

Sas Name: MINIPAD

Sas Label: Leak Protect/Mini-pad, tissue

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 Leak Protect/Menstrual pad

What protection do you wear in case you leak urine? (Mark all that apply.) Menstrual pad or shield

Variable # 122

Sas Name: MENSPAD

Sas Label: Leak Protecti/Menstrual pad

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 Leak Protect/Diaper, Attends

What protection do you wear in case you leak urine? (Mark all that apply.) Diaper, towel, Attends, Depends

Variable # 123

Sas Name: DIAPER

Sas Label: Leak Protect/Diaper, Attends

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes



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F38 Leak Protect/Other

What protection do you wear in case you leak urine? (Mark all that apply.) Other

Variable # 124

Sas Name: OTHPRTCT

Sas Label: Leak Protect/Other

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 How often does leakage limit activities

How often does the leakage of urine limit your daily activities? (Mark one oval.)

Variable # 125

Sas Name: INCONLMT

Sas Label: How often does leakage limit activities

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

1	Never
2	Almost never
3	Sometimes
4	Fairly often
5	Very often

F38 How much does leakage bother you

How much does the leakage of urine bother or disturb you? (Mark one oval.)

Variable # 126

Sas Name: INCONDIS

Sas Label: How much does leakage bother

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied). Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

1	Not at all disturbing
2	A little disturbing
3	Somewhat disturbing
4	Very disturbing
5	Extremely disturbing

F38 Currently married or intimate

Are you currently married or in an intimate relationship with at least one person?

Variable # 127

Sas Name: MARRIED

Sas Label: Currently married or intimate

Type: Categorical

Usage Notes: none

Categories: Lifestyle: Sexual Activity

Values

0	No
1	Yes



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F38 Sexual activity in last year

Did you have any sexual activity with a partner in the last year?

Variable # 128

Usage Notes: none

Sas Name: SEXACTIV

Categories: Lifestyle: Sexual Activity

Sas Label: Sexual activity in last year

Type: Categorical

Values

0	No
1	Yes
9	Don't want to answer

F38 How satisfied sexually

How satisfied are you with your current sexual activities, either with a partner or alone? (Mark one oval.)

Variable # 129

Usage Notes: none

Sas Name: SATSEX

Categories: Lifestyle: Sexual Activity

Sas Label: How satisfied sexually

Type: Categorical

Values

1	Very unsatisfied
2	A little unsatisfied
3	Somewhat satisfied
4	Very satisfied
9	Don't want to answer

F38 Satisfied with sex frequency

Are you satisfied with the frequency of your sexual activity, or would you like to have sex more or less often? (Mark one oval.)

Variable # 130

Usage Notes: none

Sas Name: SATFRQSX

Categories: Lifestyle: Sexual Activity

Sas Label: Satisfied with sex frequency

Type: Categorical

Values

1	Less often
2	Satisfied with current frequency
3	More often
9	Don't want to answer



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F38 Worried sexual activity will affect health

Are you worried that sexual activities will affect your health? (Mark one oval.)

Variable # 131 Usage Notes: none
Sas Name: SEXWORRY Categories: Lifestyle: Sexual Activity
Sas Label: Worried sex activity will affect health
Type: Categorical

Values

Table with 2 columns: Value, Label. Rows: 1 Not at all worried, 2 A little worried, 3 Somewhat worried, 4 Very worried, 9 Don't want to answer

Activities of daily living construct

Computed from Forms 36/38, questions 39-42. Source: WHI BAC. Four items describing basic activities (whether can eat, dress, get in and out of bed, and take a bath) each of which has three possible values (1=without help, 2=some help, 3=completely unable) are summed. A lower score indicates greater ability to cope with daily living activities. Missing if any of the four items are missing.

Variable # 132 Usage Notes: none
Sas Name: ACTDLY Categories: Computed Variables
Sas Label: Activities of Daily Living Construct
Type: Continuous

Role limitations due to emotional problems

Computed from Form 36/38, questions 22, 23, and 24. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on role limitations due to emotional problems. EMOLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 133 Usage Notes: none
Sas Name: EMOLIMIT Categories: Computed Variables
Sas Label: Role limitation due to emotional problem
Type: Continuous

Emotional well-being

Computed from Form 36/38, questions 31, 32, 33, 35, and 37. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on emotional well-being. EMOWELL ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 134 Usage Notes: none
Sas Name: EMOWELL Categories: Computed Variables
Sas Label: Emotional well-being
Type: Continuous

Energy/fatigue

Computed from Form 36/38, questions 30, 34, 36, and 38. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on energy/fatigue. ENERFAT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 135 Usage Notes: none
Sas Name: ENERFAT Categories: Computed Variables
Sas Label: Energy/fatigue
Type: Continuous

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General health construct

Computed from Form 36/38, questions 3, 25, 26, 27, and 28. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on general health. GENHLTH ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 136 **Usage Notes:** none
Sas Name: GENHLTH **Categories:** Computed Variables
Sas Label: General health construct
Type: Continuous

Life event construct #1 (0,1 scoring)

Computed from Form 36/38, questions 44.1, and 45-54. Source: WHI BAC; based on measures used in the Alameda County Study and BHAT. The eleven items are recoded, setting original responses from 1-3 equal to 1, and then summed. The construct has a range from 0 to 11 with a higher score indicating a greater number of life events. Missing if any of the eleven items are missing.

Variable # 137 **Usage Notes:** none
Sas Name: LFEVENT1 **Categories:** Computed Variables
Sas Label: Life event construct #1 (0,1 scoring)
Type: Continuous

Life event construct #2 (0-3 scoring)

Computed from Form 36/38, question questions 44.1, and 45-54. Source: WHI BAC; based on measures used in the Alameda County Study and BHAT. This construct is a sum of the eleven items that are coded from 0-3 resulting in a range from 0 to 33 with a higher score indicating a greater number of life events. If any of the eleven items are missing, LFEVENT2 is set to missing.

Variable # 138 **Usage Notes:** none
Sas Name: LFEVENT2 **Categories:** Computed Variables
Sas Label: Life event construct #2 (0-3 scoring)
Type: Continuous

Pain construct

Computed from Form 36/38, questions 16 and 17. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on pain. PAIN ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 139 **Usage Notes:** none
Sas Name: PAIN **Categories:** Computed Variables
Sas Label: Pain construct
Type: Continuous

Role limitations due to physical health

Computed from Form 36/38, questions 18-21. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on role limitations due to physical health. PHYLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 140 **Usage Notes:** none
Sas Name: PHYLIMIT **Categories:** Computed Variables
Sas Label: Role limitations due to physical health
Type: Continuous

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Physical functioning construct

Computed from Form 36/38, questions 5-14. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on physical functioning. PHYSFUN ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 141 **Usage Notes:** none
Sas Name: PHYSFUN **Categories:** Computed Variables
Sas Label: Physical functioning construct
Type: Continuous

Shortened CES-D/DIS screening instrument

Computed from Form 36/38, questions 55.1-55.6, 56, 57, and 57.1. Source: Center for Epidemiological Studies; depression scale (CES-D, short form). PSHTDEP ranges from 0 to 1 with a higher score indicating a greater likelihood of depression. Cutoff values of .06 and .009 have been used to indicate depression.

Variable # 142 **Usage Notes:** none
Sas Name: PSHTDEP **Categories:** Computed Variables
Sas Label: Shortened CES-D/DIS screening instrument
Type: Continuous

Sleep disturbance construct

Computed from Form 36/38, questions 61-64 and 66. Sum of five components. Questions 61-64 range from 1-5 and question 66 is recoded and reverse coded resulting in a range from 0-4 before summing. The summary score ranges from 4 to 24 where a higher score indicates greater sleep disturbance. Missing if any of the five components is missing.

Variable # 143 **Usage Notes:** none
Sas Name: SLPDSTRB **Categories:** Computed Variables
Sas Label: Sleep disturbance construct
Type: Continuous

Social functioning

Computed from Form 36/38, questions 15 and 29. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on social functioning. SOCFUNC ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 144 **Usage Notes:** none
Sas Name: SOCFUNC **Categories:** Computed Variables
Sas Label: Social functioning
Type: Continuous

Symptom construct

Computed from Form 36/38, questions 43.1-43.34. Source: PEPI, national and other surveys. Average of 34 items measuring occurrence and severity of symptoms. The summary score ranges from 0 to 3 where a higher score indicates more numerous and/or more severe symptoms. Missing if any of the 34 items is missing.

Variable # 145 **Usage Notes:** none
Sas Name: SYMPTOM **Categories:** Computed Variables
Sas Label: Symptom construct
Type: Continuous
